## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Numbe
04193/RSB

									, ,	1 '		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OR		R THAN . ENTITY
TOTAL CLAIMS			21					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			Q1 minus 20=		•			X\$ 9=		OR	1	18
INDEPENDENT CLAIMS			2 minus 3 =		•		ı	X43=	<del>                                     </del>		X86=	10
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				ŀ		<del> </del> -	OR	-	<del>                                      </del>
* If the difference in column 1 is loss than zero cotton "O" in column 2							L	+145=		OR	+290=	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	788	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS		HIGH	ST				ADDI-	7		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	<u> </u>	Minus ***		=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			1 45	<u> </u>		. 200	, , , , , , , , , , , ,
							L	+145=		OR	+290=	
*							Αl	DDIT. FEE	L	JOR ,	TOTAL ADDIT. FEE	
		(Column 1)	1	(Colum		(Column 3)	_					
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
A ME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM		<b> </b>			<b> </b>	· · · · · · ·	
							Ŀ	+145=		OR	+290=	
							ΑD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	·
		(Column 1)	•	(Columi	n 2)	(Column 3)		•				
N I I		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*	Minus	**		= .	;	<b>(\$ 9=</b>		OR	X\$18=	
ב ב	Independent	*	Minus	***		=	一	X43=			X86=	
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	.,,,,,		OR -	700=	
	ha ante le est						+	145=		OR	+290=	·
** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
Th	ine "Highest Num ne "Highest Numl	nber Previously Paid ber Previously Paid	For" (Total or I	SPACE is li Independent	ess than ) is the I	3, enter "3." nighest number f		or. FEE L	opriate box			